Nigeria

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on criteria for starting PEP, evaluation of risk, recommended prophylaxis, and follow-up screening recommendations by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be downloaded.

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Suggest Updates

- Occupational HIV Exposure
- Post-Sexual Exposure Prophylaxis

- National Guidelines for HIV Treatment in Nigeria (**PDF** / 583 **KB**)
- National Guidelines for Pediatric HIV Treatment in Nigeria (**PDF** / 5 **MB**)
- National Guidelines for the Prevention of Mother to Child Transmission of HIV in Nigeria (**PDF** / 2 **MB**)

Occupational HIV Exposure

Year Issued:

2010

Criteria for Starting PEP:

The following types of exposures may pose the risk of HIV transmission for health workers and should be considered for PEP:

- Needle-stick injury or injury with a sharp object that has been used on a HIV positive patient.
- Mucosal exposure of the mouth, eye or nose by splashing body fluids.
- Broken skin exposed to blood , blood stained body fluids or other infectious body fluids.

Evaluation of Risk:

Low risk:

- Solid needle - superficial exposure on intact skin
- Small volume (drops of blood) on mucous membrane or non-intact skin exposures
- Source is asymptomatic or viral load <1500 copies/ml

Those of low risk should take 2-drug combination, and those with high risk should take a 3-drug combination.

Where the risk cannot be ascertained, a 2-drug combination should be used. If the preferred regimen is not available, it is better to administer an alternative regimen than to wait.

High risk:

- Large bore needle, deep injury, visible blood on device, needle in patient artery/vein
- Large volume (major blood splash on mucous membrane or non-intact skin exposures)
- Source patient is symptomatic, in acute sero-conversion and has high viral load Immediately after exposure all exposed individuals should take PEP according to the assumed risk.

Those of low risk should take 2-drug combination and those with high risk should take a 3-drug combination.

Where the risk cannot be ascertained, a 2-drug combination should be used. If the preferred regimen is not available, it is better to administer an alternative regimen than to wait.

Recommended Prophylaxis:

Recommended 2-drug combinations:

- ZDV (300 mg twice daily) + 3TC (150 mg twice daily) or ABC 450 mg twice daily.
- TDF (300mg once daily) + 3TC or FTC (300mg once daily)

Recommended 3-drug combinations:

Preferred combination is:

- 2 NRTI + LPV/RTV (400 mg/100 mg twice daily)

EFV (600 mg once daily) may be used as an alternative if NNRTI resistance is not suspected in source patient.

Nevirapine should never be used for PEP as the risks of fatal hepatotoxicity outweigh the risk of HIV infection.

- Any of the 2-drug combinations + Protease Inhibitor or EFV (EFV should be avoided if pregnancy is suspected)

The chosen regimen is continued for 28 days or until the results of HIV tests for the source patient is known to be negative.

Follow-up Screening Recommendations:

Baseline:

- HIV screening
- Full blood count
- Liver function test
- Renal function test

Two weeks:

- Full blood count
- Liver function test
- Renal function test

Six weeks: HIV screening

Three months: HIV screening

Six months: HIV screening

In Accordance with WHO 2014 PEP Recommendations?:

Y

Post-Sexual Exposure Prophylaxis

Year Issued:

2010

Evaluation of Risk:

When an assailant's HIV status is unknown, factors that should be considered in determining whether an increased risk for HIV transmission exists include:

- Whether vaginal or anal penetration occurred.
- Whether ejaculation occurred on mucous membranes.
- Whether multiple assailants were involved.
- Whether mucosal lesions are present in the assailant or survivor.
- Other characteristics of the assault, survivor, or assailant that might increase risk for HIV transmission.

Recommended Prophylaxis:

In post-sexual assault PEP, ARVs should be administered as in the case of occupational exposure to HIV. In this circumstance, a three-drug regimen should be used. As with all cases of sexual assault, it is important to arrange for continuous counseling and support for the victim.

Follow-up Screening Recommendations:

Baseline:

- HIV screening
- Full blood count
- Liver function test
- Renal function test

Two weeks:

- Full blood count
- Liver function test
- Renal function test

Six weeks: HIV screening

Three months: HIV screening

Six months: HIV screening

In Accordance with WHO 2014 PEP Recommendations?:

Y
